MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

10/530559

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		✓					52						
3		✓					53						
4	1						54						
5		✓					55						
6	1	✓					56						
7		✓					57						
8	1						58						
9		✓					59						
10	1						60						
11		✓					61						
12		✓					62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	3	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	8						TOTAL CLAIMS						